



Testimony
Before the Subcommittee on Criminal Justice,
Drug Policy and Human Resources
Committee on Government Reform
United States House of Representatives

**The Administration's Synthetic Drug
Control Strategy: HHS Efforts to
Combat Methamphetamine and
Prescription Drug Abuse**

Statement of

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Good morning, Mr. Chairman and Members of the Subcommittee. I appreciate the opportunity to discuss the efforts of the Department of Health and Human Services (HHS) in support of the Administration's *Synthetic Drug Control Strategy: A Focus on Methamphetamine and Prescription Drug Abuse (Synthetics Strategy)*. The *Synthetics Strategy* represents our combined efforts with the Office of National Drug Control Policy (ONDCP) and the Department of Justice (DOJ), although HHS has long been working on the prevention and treatment of methamphetamine abuse. I am pleased to be here to talk about the Administration's coordinated strategy for combating the problem of methamphetamine abuse and the abuse of prescription drugs.

The *Synthetics Strategy* was released on June 1 of this year, though HHS has been working with its Federal partners to develop the *National Synthetic Drugs Action Plan* since October 2004. With regard to the *Synthetics Strategy*, HHS served as one of three co-chairs to the Synthetic Drug Interagency Workgroup as well as co-chairing four of the five subgroups that helped develop the strategy. These five subgroups were:

- State and Local Support, co-chaired by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Administration (DEA);
- Foreign Pseudoephedrine, co-chaired by the Food and Drug Administration (FDA) and DOJ;
- Online Diversion, co-chaired by FDA and DEA;
- Data and Research, co-chaired by the Office of the Assistant Secretary for Planning and Evaluation at HHS and ONDCP; and
- Laboratory Remediation.

Through these subgroups and the interagency review process, HHS worked to ensure that the *Synthetics Strategy* was built on meaningful, achievable goals and provides a strategy that addresses both supply and demand reduction.

HHS Efforts

As you know, HHS is engaged on these issues through a number of its agencies. For instance, SAMHSA and the National Institute on Drug Abuse (NIDA) at the National Institutes of Health conduct extensive work on drug prevention, treatment, and associated research.

Synthetics Strategy

The *Synthetics Strategy* sets a goal of reducing methamphetamine abuse over three years; a 15% reduction in the abuse, or non-medical use, of prescription drugs over three years; and a 25% reduction in domestic methamphetamine laboratory seizures over three years.

HHS supports several of the data systems that will be used to evaluate the overall success of the Administration's Synthetics Strategy. They include: SAMHSA's National Survey on Drug Use and Health (NSDUH -- formerly known as the National Household Survey on Drug Abuse) and Drug Abuse Warning Network (DAWN); and the NIDA-supported Monitoring the Future (MTF) study. Data from these systems will be used to assess the following trends:

1. The number of past-year initiates in the 12-17 and 18-25 age ranges for methamphetamine (NSDUH)
2. The number of past-year initiates in the 12-17 and 18-25 age ranges for prescription drugs (NSDUH)
3. The number of emergency room admissions related to methamphetamine (DAWN)

4. The number of emergency room admissions related to prescription drug abuse (DAWN)
5. The average age of initiation for methamphetamine (NSDUH)
6. The average age of initiation for prescription drug abuse (NSDUH)
7. The percentage of youth who report perceived risk associated with both methamphetamine and prescription drug abuse (MTF)

Scope of the Problem

Much of the *Synthetics Strategy* is devoted to methamphetamine abuse. Methamphetamine (“meth”) is associated with serious health conditions, including memory loss, aggression, psychotic behavior, and potential heart and brain damage. Nearly 12 million people 12 years of age and older have abused methamphetamine in their lifetime, 1.4 million have abused meth in the past year, and nearly 600,000 have abused meth in the past-month, according to the NSDUH for 2004.

Estimates from DAWN indicate that drug-related emergency department visits involving amphetamines/methamphetamine increased to 102,843 in 2004. Also of great concern are findings from NIDA’s Community Epidemiology Work Group (CEWG), which monitors drug abuse problems in sentinel areas across the Nation. Moreover, according to the SAMHSA’s Treatment Episode Data Set, methamphetamine/amphetamine treatment admissions increased nationally from 1993 to 2003, from 14 to 57 admissions per 100,000 in the population ages 12 and older. A total of 18 States experienced methamphetamine/ amphetamine treatment rates higher than the national average in 2003. The proportion of drug treatment admissions for meth and other stimulants increased from 2% to 7% between 1993 and 2003.

Overview of HHS Strategy and Programs

HHS brings a wide array of resources to this issue. The HHS Fiscal Year 2007 Budget provides \$41.6 million for HHS methamphetamine-targeted treatment and prevention research and a dedicated \$25 million for methamphetamine treatment services within the Access to Recovery program, administered by SAMHSA.

Treatment and prevention initiatives administered by HHS are critically important elements of the *Synthetics Strategy*. In spring 2006, SAMHSA held two regional meetings with States on methamphetamine issues. The summits were specifically designed for those State agency staff involved in developing, regulating, and funding methamphetamine treatment.

SAMHSA's Access to Recovery (ATR) program is a voucher-based program intended to expand consumer choice and access to effective substance abuse treatment and recovery support services, including faith-based providers. In August of 2004, SAMHSA awarded grants to 14 States and one tribal organization, including grants to Tennessee (\$5.9 million) and Wyoming (\$979,000) that focus specifically on meth addiction. It is estimated that this cohort of grantees will serve approximately 125,000 individuals over the three-year life of the grants. The President’s FY 2007 budget supports continuation of the ATR program at \$98 million, of which \$25 million is for a stand-alone voucher program for meth-specific treatment services. The ATR Methamphetamine voucher program will fund approximately 10 grants at \$2,475,000 each. The

program will limit eligible applicants to those States whose epidemiological data and treatment data indicate high methamphetamine prevalence and treatment prevalence.

Moreover, SAMHSA announced 11 new, three-year grants to provide treatment for methamphetamine abuse and other emerging drugs for adults residing in rural communities. These grants total \$5.4 million for the first year and approximately \$16.2 million for all three years.

To help better serve people with substance abuse disorders, a partnership exists between SAMHSA and NIH. Their common goal is to more rapidly deliver research-based practices to the communities that provide services.

NIDA continues to support research to develop effective drug abuse prevention programs. NIDA funding of meth-related research increased more than 150% from 2000-2005, from about \$15 million to more than \$40 million. In 2003, NIDA revised its *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders*, which presents updated research-based prevention principles, an overview of program planning, and critical first steps for those learning about prevention. Because the goal of drug abuse prevention efforts is to prevent the initiation of drug use, most of these prevention efforts are not targeted toward any specific drug. However, recent results also demonstrate that these universal prevention programs can be effective at reducing methamphetamine abuse specifically.

In FY 2004, SAMHSA's Center for Substance Abuse Prevention (CSAP) awarded \$3.9 million to 9 grantees to support programs focused on methamphetamine, including a sole source grant to Iowa; in FY 2005, CSAP awarded an additional \$16.2 million over three years to 11 grantees. In FY 2006, CSAP expects to award approximately 9-11 new grants for a total of \$3.3 million to support methamphetamine prevention programs. In addition to these methamphetamine-specific programs, CSAP also supports a major initiative (through the Strategic Prevention Framework State Incentive Grant program) in which grantees conduct epidemiological surveys to determine the actual substance abuse prevention needs in their geographic areas. Eighty-five percent of the total award is to be used by sub-recipients to direct funding to the areas of greatest need, which could include methamphetamine prevention.

In order to improve the ability of substance abuse and child welfare agencies to work together to meet families' needs, SAMHSA and the Administration for Children and Families (ACF) have jointly created and funded the National Center on Substance Abuse and Child Welfare (NCSACW) to provide training, technical assistance, information, and resources to local, State and tribal agencies to improve systems and practice for families with substance use disorders who are involved in the child welfare and family judicial systems. The Center's staff has developed a methamphetamine resource list, responded to numerous requests regarding methamphetamine and child welfare issues and provided conference workshop presentations and teleconferences on the impact of methamphetamine on child welfare practice.

In May 2006, ACF, in collaboration with SAMHSA's Center for Substance Abuse Treatment, convened a national conference on "Methamphetamine: The Child Welfare Impact and Response." This conference brought together more than 300 State and local child welfare,

substance abuse, and child care agency representatives to discuss the specific issues with which professionals and agencies are dealing related to child welfare and meth. The conference provided a forum to share the successes and challenges that have been faced by different States in addressing their meth issue, as well as highlighting some promising practices that have been developed. An additional goal of this meeting was to encourage collaboration between agencies within each State to address the issue and also to provide inspiration and ideas for ongoing work.

The FDA has been actively engaged in efforts to address the problems surrounding methamphetamine abuse. FDA has worked directly with ONDCP and DEA on issues relevant to the availability of pseudoephedrine and ephedrine, precursors used to manufacture methamphetamine.

One of the key components of meth is a commonly used pharmaceutical product, pseudoephedrine. Pseudoephedrine is an approved over-the-counter (OTC), as well as prescription, medication indicated for use as a nasal decongestant. Pharmaceutical products containing pseudoephedrine, either alone or in combination with other drugs, are used extensively by the general public to treat the symptoms of upper respiratory track infections and allergic rhinitis. FDA estimates that in 2004, approximately 700 million doses of pseudoephedrine products (both OTC and prescription) were sold, and another 11.5 billion doses of pseudoephedrine in combination with another drug ingredient, both OTC and prescription, were sold. In carrying out our strategy to end methamphetamine abuse, we must balance the legitimate health needs of consumers to access medicines against the urgent needs of law enforcement to confront a serious drug problem. We believe that the USA Patriot Act, recently enacted and signed into law, achieves this balance. It restricts the OTC sale of pseudoephedrine, ephedrine, and phenylpropanolamine, but also enables individuals to buy sufficient quantities for legitimate medical use.

While DEA is responsible for enforcement of the provisions of the USA Patriot Act, FDA will work with manufacturers to assist in their efforts to reduce pseudoephedrine abuse. There are efforts underway by the pharmaceutical industry to replace pseudoephedrine in OTC medications, and there are currently other OTC medications on the market for cold and allergy symptoms that do not contain pseudoephedrine. Some manufacturers have stated that they intend to substitute phenylephrine in their OTC products that currently contain pseudoephedrine.

Conclusion

By working together in a coordinated, effective way, we can achieve success in achieving the goals set out in the *Synthetics Strategy*. By drawing on the resources my colleagues and I are discussing today, we can be successful. Thank you for your time. I would be pleased to respond to any questions.